

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.P.E. CLASSIFIER		48	1/10/01
FORMALITY REVIEW	AM	912	01-26-01
RESPONSE FORMALITY REVIEW			

09/7358

INDEX OF CLAIMS

✓ _____ Rejected N _____ Non-elected
 - _____ Allowed I _____ Interference
 - (Through numeral) _____ Cancelled A _____ Appeal
 + _____ Restricted O _____ Objected

Claim	Date
1	6/18/01
2	6/18/01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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